# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Peacehaven

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Tel: 01926422079

Date of Inspection: 03 October 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

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|---|---|
| **Respecting and involving people who use services** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Management of medicines** | ✓ Met this standard |
| **Staffing** | ✓ Met this standard |
| **Records** | ✓ Met this standard |

## Details about this location

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|---|---|
| Registered Provider | Christadelphian Care Homes |
| Registered Manager | Mrs. Linda Prain |
| Overview of the service | The service is registered to provide accommodation and personal care for up to 21 older people who may have dementia or a physical disability. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

### What people told us and what we found

On our visit to the home in May 2011, we had some minor concerns about how the provider maintained compliance with the essential standards for ensuring that people experienced care, treatment and support that met their needs and protected their rights. The provider sent us a report explaining the actions they would take to become compliant. During this visit we found that the provider had taken actions and that the actions were effective to meet the essential standards.

We spoke with two people who lived at the home about the quality of care and observed how staff engaged with people. Both of the people we spoke with said they were more than happy with the care and support they received. One person said, "I can't fault the care here" and another person said, "I am quite happy, there is nothing to improve."

We spoke with three staff and looked at the care plans for four people who lived at the home. Staff knew people well and understood their role in helping people manage their lives. We saw that people's abilities had been assessed and care and support was planned to promote people's independence and encourage their involvement in the community. One care staff told us, "It's a nice little home, it's friendly. We have meetings with people and ask what they would like to eat and agree the menus. There is a choice every day."

You can see our judgements on the front page of this report.

### More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

### Reasons for our judgement

The registered manager visited people in their own homes and talked with them about the care and support they needed before they moved into the home. We saw that records of assessments of people's needs were kept in their care plan folders. One person we spoke with told us, "I agreed the care and support I needed at the outset." This meant that people were given appropriate information and knew whether their care and support needs would be met before they moved into the home.

We saw that people who lived at the home had monthly reviews with senior carers about how their care and support was delivered. Written records of the reviews described what was discussed and were signed by people or their relatives. The provider had set up a Welfare Committee, which visited all the care homes in the group, to check on the quality of care and support. We saw that the Welfare committee spoke directly with people who lived at the home, and checked that care plans were person centred. One person told us, "The Welfare committee come and visit us, you can tell them anything."

We found that regular meetings were organised for people who lived at the home. People discussed the food, activities and outings. People we spoke with told us they felt involved in making decisions about their care and support. We saw there was a notice board in the hallway which included copies of meeting minutes, the provider's newsletter, a copy of our previous inspection report and a list of the daily volunteer bible readers. This meant that people expressed their views and were involved in making decisions about their care and support.

Care staff we talked with told us how they supported people to maintain their hobbies and interests. They told us about people's preferences for joining in group activities or spending time on their own interests. One person we spoke with said, "I like to go to gardens and staff take me." Another person told us, "I go out twice a week to a knitting group." We saw that staff had enabled people to be as independent as possible. For example, a toilet door had a special raised symbol so that one person who was mobile, but with poor vision, was able to use the toilet independently. We saw that some people with

strong preferences for where they sat in the lounge had their names embroidered into the chair backs. This meant that people were supported in promoting their independence and community involvement.

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## Reasons for our judgement

During our visit to the service in May 2011, we found the risk assessment process was not always effective in ensuring people were kept safe. Following that visit the registered manager sent us an action plan detailing the actions they had taken to become compliant. On this visit to the service we found that the action plan had been implemented and was effective. The registered manager had reviewed the risk assessment process. Risk assessments now capture the actions staff have taken to minimise the risk of falls and incidents of challenging behaviour. We found that both types of incidents were regularly reviewed at care meetings and at management meetings. This meant that care and support was planned and delivered in a way that ensured people's safety and welfare.

In the care plans we looked at we saw that the registered manager or senior care staff had conducted risk assessments for people's mobility, nutrition and communication, for example. The risk assessments were used to create person centred care plans, which people, or their relatives, had signed. We found that the plans were detailed with clear instructions for staff to follow. Care staff we spoke with had a clear understanding of people's abilities and dependencies. One care staff told us, "It all depends on how the person is and what works with them."

One member of care staff told us, "X has a memory book to remind them of things. I don't tell them difficult facts, but point them to 'read the book' and then we can talk about it" and "Y forgets, they don't settle. They need one-to-one attention most of the time. You learn everyday." This meant that people's needs were assessed and care and support was planned and delivered in line with their individual care plan.

We saw that staff weighed people very month and noted when people lost or gained weight as a check that their health was maintained. The registered manager told us that a local GP used to call regularly at the home and would check people's recorded weights, but this service was no longer available to them.

The registered manager told us they were planning to put a new protocol in place. The protocol would include advice for care staff about each individual's optimum body mass index score (BMI) and the actions staff should take if that was not maintained. The registered manager told us about actions they had already taken for some people who were observed to have lost their concentration for eating regularly. For example, full fat meals had been implemented for one person, one person had moved to a different seat in

the dining room, where there were fewer distractions, and a dietician had recommended additional 'finger foods' for another person. This meant that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

**Management of medicines** ✓ Met this standard

**People should be given the medicines they need when they need them, and in a safe way**

## Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

## Reasons for our judgement

A senior carer described how medicines were managed and showed us the records they kept and the inside of the medicines' trolley. We saw that everyone who lived at the home had medicines prescribed by their doctor and a local pharmacy delivered medicines directly to the home. We saw that one member of staff took receipt of the deliveries and another member of staff checked that the expected medicines were delivered in the right amounts. This meant that appropriate arrangements were in relation to obtaining medicine.

All medicines prescribed for people were listed on a named sheet with a photo of the person. We saw that staff recorded the amount of medicines given and the time of day they were given. Staff recorded if a medicine had not been given, for example, if a person was asleep, and the medicine was given at a later than normal time. Senior staff had pre-marked the sheets to make sure that medicine that needed be given every second or third day would not be given on the wrong days. This means that medicines were safely administered.

We saw that care staff kept a record of when and where creams were applied by using a picture of a body. The picture showed staff exactly where to apply the cream on the body. In the summary plans we saw that staff recorded the time and date when they applied creams and that this matched the person's prescription.

In the staff's medicines' folder we saw a list of common drugs and their intended purpose, to inform staff, and a medicines' profile for each person, with guidance about how and when to offer non-prescribed pain relief to people. The guidance told staff they should respond if people asked, and for those people who were not able to communicate verbally, staff should check the carers' reports and, "Look for facial expression, which shows pain." Staff we spoke with said, "It's about knowing people." This meant that medicines were prescribed and given to people appropriately.

We saw that medicines were kept in a locked cabinet in a locked cupboard. Care staff we spoke with told us that only senior care staff had access to the keys. One senior carer showed us that the controlled drugs were kept in a separate, locked cabinet that was bolted to the wall of the cupboard. Controlled drugs were listed in a separate book and signed in and out by two staff. Senior staff told us that other seniors did regular checks on the medicines' trolley to make sure that all the medicines needed were available and given to people as per their prescription. This meant that medicines were kept safely.

**Staffing** ✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

## Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

## Reasons for our judgement

During our visit we saw that everyone was relaxed and engaged in a variety of activities. We saw there were enough staff to support people with their care needs and the activities they chose. During the morning we saw the activities co-ordinator organised a news circle and people sat around a table discussing 'what the newspapers said.' We saw that staff assisted people at lunch time. Staff served meals, helped people who needed assistance with cutting their food and encouraged people to eat when they became distracted from their meal.

One person we spoke with told us they did not want to join in the group activities. They said they were quite happy with their own company and their own hobbies. The told us that staff supported them to go out and about to the shops and theatre and to have short visits to their previous home. They said, "I have all my meals upstairs, and yes, the food is still hot when I get it."

Care staff we spoke with told us how the specialist training they received, like dementia awareness, helped them understand how to support people better. We saw there were enough staff on duty to support one person who needed one-to-one support at all times. We noticed how staff used the tactics described in this person's care plan to distract them from becoming agitated. This meant there were enough qualified, skilled and experienced staff to meet people's needs.

The activities co-ordinator told us that they attended staff handover and care meetings because they needed to know how people were so they could successfully engage with them. They said, "There are different things for different people. I need to know what might be making someone fidgety and restless. We do share information."
Staff told us they were effectively supervised and supported. One care staff we talked with said, "At supervisions we talk about any problems, team working and get feedback. It is useful and gives you a chance to say something if you want to."

The registered manager told us they felt well supported and supervised. They told us they had recently received 'My home life' training side by side with line managers and other registered managers. After the training they were observed and assessed to check how they put their new understanding into practice.

**Records** ✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

## Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

## Reasons for our judgement

In the four care plans we looked at we noted that the plans resulted from an appropriate risk assessment of people's abilities and support needs. Instructions for staff were detailed and staff we spoke with understood exactly how people needed to be supported. We saw that staff recorded when doctors, nurses and other health professionals were asked to visit people. They told us they read people's care plans during their induction programme. This meant that people's personal records including medical records were accurate and fit for purpose.

We saw that people's care plans were kept in the care staff office. One care staff we spoke with told us, "Care plans are accessible to read at any time." We saw that staff completed a record of tasks undertaken in 'summary plans' and shared other information, about people's activities, moods and behaviours, at a handover meeting. We saw that senior care staff entered all this daily information onto a dedicated IT system. This meant that the records of care and support given were kept securely and could be located promptly when needed.

We looked at two staff records and saw that they contained information that confirmed the staff's identity and their training and supervision records. We saw that staff records were kept in a lockable filing cabinet in the registered manager's office. We saw a training matrix which showed when staff received training and when refresher training was needed. The matrix matched the staff records we looked at. This meant that staff records and other records relevant to the management of the services were accurate and fit for purpose.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

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| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact –** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

**(Registered) Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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|---|---|
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